

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044376

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 518

FILED NOV 26 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>INDEPENDENCE</u>		c. CITY OR TOWN <u>WEBB CITY</u>	
Length of stay in 1b <u>FEW MINUTES</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>INDEPENDENCE SANITARIUM</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>BALPH</u> Middle <u>LESLIE</u> Last <u>BOYD</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>19</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-22-1923</u>	9. AGE (last birthday) <u>40-42</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCALE DEPARTMENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>WEBB CORPORATION</u>	11. BIRTHPLACE (City and state or country) <u>Joplin Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>JOHN BOYD</u>	13b. MOTHER'S MAIDEN NAME <u>GRACE A. COULSON</u>	14. NAME OF HUSBAND OR WIFE <u>AGNES LOUISE BOYD</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes. W.W.II</u>	17. INFORMANT <u>Agnes Louise Boyd, Webb City Mo</u>	Address <u>R.F.D. #1</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound abdomen</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>apparently accidental</u>
20c. TIME OF INJURY Hour <u>11-14</u> a.m. <u>63</u> Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Res</u>	20f. CITY, TOWN, OR LOCATION <u>RR1 Webb Jasper</u>	COUNTY <u>MO</u>	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____	Death occurred at <u>8:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Harold A. Queen</u>	(Degree or title)	22b. ADDRESS <u>Union Station</u>	22c. DATE SIGNED <u>11-26-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>NOV 20 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>1331. BRUSH CREEK</u>	23d. LOCATION (City, town, or county) <u>WEBB CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D.W. NEUROMER'S SONS, KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>11-20-63</u>	26. REGISTRAR'S SIGNATURE <u>Albert Craig</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED	INSTEAD OF
8	April 22, 1921	12-19-63	April 22, 1923
9	42	12-19-63	40
10	486-24-7118	12-19-63	Blackboard

BY AFFIDAVIT OF INFORMANT

DOCUMENT

Unrecorded Discharge - First Remarried - 11-19-1966

DEC 2 1963

DEC 12 1963

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Spald P. Reich

Licensed Embalmer No. 4998

P. O. Address K. E. J. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

11-20